

TABLE III: COVERED MEDICATIONS

Effective April 1, 2004

MEDICAID-COVERED OVER-THE-COUNTER (OTC) DRUGS

Traditional Medicaid Recipients

(When prescribed)

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Effective April 1, 2004

Limitations: Brand Name Products are only payable when marked with an *. Manufacturers who have not entered the federal rebate program will not have their products covered; this includes almost all house-brand (store-brand) products.

Maximums and minimum limits may apply and are indicated below.

Acetaminophen	Not in N.H.
Acetone tests (e.g. Acetest*)	Not in N.H.
Alcohol Swabs	Not in N.H.
Antacid Liquid and Tablets (Tums rolls covered. Tums -500, E-X, & Ultra NOT covered. Mylanta NOT covered.)	Not in N.H.
Aspirin including enteric coated, buffered	Not in N.H.
AxidAR (package size > 30 tablets)	
Benadryl (generic equivalent only)	
Benylin (generic equivalent only)	
Benadryl Allergy Decongestant*	
Bisacodyl Tablets and Suppositories	
Chlorpheniramine	
Citrate of Magnesia 600ml, maximum	
Codimal DM* (alcohol, dye, and sugar free)	
Contraceptive Creams, Foams, Tablets, Sponges and Condoms	Not in N.H.
Dramamine (generic equivalent only)	
DSS Caps Liquid and Syrup and Concentrate Drops 5% (Na+ or Ca++ salt)	Not in N.H.
Ferrous Gluconate 325mg - sulfate tabs 325mg/elixir 220mg/5cc	
Glucose Blood Tests (e.g., Chemstrip* BG, One-touch*, Ultra*, etc.)	Not in N.H.
Glucose*	
Gyne-Lotrimin (generic equivalent only)	
Hydrocortisone Cream, Ointment	
Ibuprofen	Not in N.H.
Imodium AD (generic equivalent only)	Not in N.H.
Insulin Syringe with needle-disposable (100/month max.)	Not in N.H.

Insulin	
Kaolin w/pectin suspension	Not in N.H.
Lancets (100/month max.)	Not in N.H.
Lotrimin, Lotrimin AF (generic equivalent only)	
Maalox* suspension	Not in N.H.
MAG-CARB	
Milk-of-Magnesia	
Monistat-7 (generic equivalent only)	
Motrin oral susp NDC 00045018404	
Motrin drops NDC 50580010015	
Mycelex OTC (generic equivalent only)	
Niacin 250mg, 500mg for hyperlipidemia only (SR, LA forms not covered)	
Nix and generic equivalent should this have an asterisk?	
Pediacare Cough-Cold*	
Pedialyte* liquid and generic equivalent (only children age 0-10)	
Pepcid AC (package size > 50) should this have an asterisk?	
Pepto-Bismol* and generic equivalent	
Poly Vi Sol* and generic equivalents (not iron)	
Prophylactics - male, female (Trojan, Ramses, etc.)	Not in N.H.
Pseudoephedrine HCL 30mg, 60mg	
PsylliumMuciloid Powder	
Rid* and generic equivalents	
Robitussin (generic equivalent only)	
Robitussin DM (generic equivalent only)	
Senokot 8.6mg tab. (generic equivalent only)	
Tagamet HB and generic equivalent (package size > 30)	
Tavist-1 (generic equivalent only)	
Triaminic - only the following: Triaminic AM cough and decongestant, Triaminic cold and cough, Triaminic night-time, Triaminic sore throat formula and generic equivalents should this have an asterisk?	
Triple Antibiotic Ointment 15mg	
Tri Vi Sol and generic equivalents	
Urine Tests (e.g., Clinistix, Clinitest*, Diastix* Ketostix)	Not in N.H.
Zantac 75 (package size > 20)	

Non-Traditional Medicaid Recipients

(When prescribed)

Items marked by two pound signs ## are covered by the PCN program.

Acetaminophen	Not in N.H.
Antacid liquid and tablets (Tums rolls covered. Tums - 500, E-X, and Ultra NOT covered. Mylanta NOT covered.)	Not in N.H.
Aspirin including enteric coated, buffered	Not in N.H.
Benadryl (generic equivalent only)	
Bisacodyl Tablets and suppositories	Not in N.H.
Contraceptive creams, foams, tablets, sponges, and condoms. ##	???
DSS caps, liquid, and syrup and concentrate drops 5%	Not in N.H.
Glucose blood tests. ## (e.g., Chemstrip BG*, One-touch*, Ultra*, etc.)	
Gyne-lotrimin (generic equivalent only)	
Hydrocortisone cream, ointment	
Ibuprofen	Not in N.H.
Imodium AD (generic equivalent only)	Not in N.H.
Insulin ##	
Insulin syringes ##	
Lancets ##	
Lotrimin, Lotrimin AF (generic equivalent only)	
Milk of Magnesia	Not in N.H.
Monistat-7 (generic equivalent only)	
Nix and generic equivalent	
Pepcid AC (package size > 50)	
Pseudoephedrine HCL 30 mg, 60 mg	
psylliummuciloid powder	
Rid* and generic equivalents	
Robitussin and Robitussin DM (generic equivalent only)	
Tagamet HB and generic equivalent (package size > 30)	
Triaminic (only the following are covered): Triaminic AM cough and decongestant, Triaminic cold and cough, Triaminic night time, Triaminic sore throat formula, and generic equivalents	
Triple antibiotic ointment 15 mg	
Zantac 75 (package size > 20)	